

(703) 305-3734

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/762633** FEE COMPUTED

APPLICANT(S)

CLAIMS

CLAIM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
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TOTAL IND.						
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TOTAL CLAIMS						

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IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS			